



MENTAL HEALTH

and Substance Use Disorder Benefits

Insurance Tips for Providers

When a patient receives a claim denial or reduction in benefits often referred to as "receiving an adverse benefit determination", they have the right to appeal that decision through an appeals process laid out by the health plan. If a patient needs help to appeal a claim denial or is unable or unwilling to file on their own behalf, a treating provider has the right to file an internal and external appeal on behalf of a patient when designated as an authorized representative.

Steps to file an internal appeal:

- Review the adverse benefit determination issued by the health plan with the patient.
- The patient must designate the provider as an authorized representative.
- Contact the health plan on behalf of the patient to initiate the appeals process.
- If the situation is urgent, a provider can request an "expedited appeal" through the health plan for a response within 72 hours.
- If the health plan upholds its decision and the internal appeals process has been exhausted next step is to file an external appeal.

Steps to file an external appeal:

- If the patient wishes to continue with the appeals process a provider will contact the health plan to submit an additional request for an external review.
- If the situation is urgent, a provider can request an "expedited appeal" by phone for a response within 72 hours.
- Submit the external review request within 180 days of the date of the final decision was made.
- All decisions made in an external appeal are final and binding.

How to file an anonymous complaint:

There may be times when a patient is unwilling or unable to file a complaint or appeal regarding their mental health and substance use disorder benefits. In this case, a provider can contact Ombudsman@insurance.ohio.gov to file an anonymous complaint on their behalf with the following information included:

- A plan or policy number.
- Plan type (i.e., if the consumer gets their insurance through their employer or purchases it on their own).
- Name of the insurance company.
- A detailed description of the complaint or what happened – it is NOT enough to simply say the insurance company is violating the law.

For more information visit ODI's [Mental Health and Substance Use Disorder Benefits Toolkit](#). If you have questions or need help filing a complaint please call the Ohio Department of Insurance's Consumer Hotline at 800-686-1526.

Ohio Department of Insurance
Mental Health Insurance Assistance Office (MHIA)
50 W Town St, Suite 300, Columbus, OH, 43215
855-GET-MHIA (855-438-6442)
insurance.ohio.gov/getmhia